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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Accident report SN0922AB000A

Please report correctly the details of the accident to speed up the claims process.
 This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

The issue and acceptance of this Form by insurance companies is not an admission of policy listing.
 Any false reporting may be referred to the Police for investigation.
 This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
 By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDEN	T STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	11/10/2022 16:36 (SGT) Both 10/10/2022 18:55 (SGT) Yio Chu Kang Rd, Singapore TOWARDS UPPER SERANGOON ROAD Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	SKX3868L
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No ABDUL HAMID BIN BAKAR SXXXX081H hamid@cityenergy.com.sg (Phone) +65-98358281
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Toyota Estima - Private use No - Claiming third party Private car Auto 2362
Name of Insurance Company Policy Number / Cover Note Number	FWD Singapore Pte. Ltd. PNPV2021-00003330
DRIVER	
Name of Driver NRIC No Date Of Birth Occupation	ABDUL HAMID BIN BAKAR SXXXX081H 24/07/1968 Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt, Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221010/2113

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Yes

02/09/1988 34 YEARS AND 1 MONTH (Phone) +65-98358281

hamid@cityenergy.com.sg BLK 627 HOUGANG AVENUE 8 #08-136

530627 Yes No

Collision - Major/Minor Rd

Clear Dry

No

2 Yes Yes Yes

1

No

Hougang Neighbourhood Police Centre (Phone) +65-18004890999 (Fax) +65-63128989 60 Hougang Ave 9 Singapore 538775

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

SJN663U Mitsubishi Lancer



Vehicle Colour	
Vehicle Category	Private car
Name of Driver	ONG WEI GUANG
NRIC No	TXXXX725I
Contact Number	(Phone) +65-98369768
Address	
Address complement	
Postcode	**************************************
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

ONG WEI GUANG Name of injured person Male Gender (Phone) +65-98369768 Phone No Address Address Complement Post Code Approximate Age Years Old SLIGHT INJURY Injuries Sustained SJN663U Injured person in which vehicle? Yes Were seat belts worn? Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willut misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Managament Cantra established by the General Insurance Association of Singapore (GIA) for enthiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(f) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:

- (II) Investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes") (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect,

use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes,

Policyholder's Signature / C Sketch Pian	10 CK	Drivers Signature (Fo	RAND	Towagos	UPPER	Shronh	NA ROB
		MAIL					
							
1	+++++						

A-SKX 3868L B=S5N 663U

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cribe Circumstance of the Accident			
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Declaration We declare the foregoing particulars are	to a la even recoct		J*
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(3)	$\leq 1 \geq 1$		11/10/20
Policyholder's Signature / Date & Time C	ortver's Signature (if driver is not	the noticyholder) / Date	Wilnessed by Reporting Centre Personnal

Scanned with CamScanner



T/20221010/2113

1 of 4 Report No. T/20221010/2113

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT O	F A TRAFFIC	ACCIDENT		Discourse Discourse News		
Date/Tim 10/10/20	e Report M 22 22:51	lade:	Vide Report No.: F/20221010/0146	Station Diary No.: 180		
Informar	nt's Particu	lars				
Name of	Informant: HAMID BIN		Address: APT BLK 627 HOUGANG AV 530627	ENUE 8 #08-136 SINGAPORE		
ID Type	/ ID No.:) / S682808	31H	Contact No.: Home/Office:	Mobile: 98358281		
Nationali			Email:			
Sex: Male	Age: 54	Date of Birth: 24/07/1968	Type of Informant: Driver			
Race: Malay			Language:	Institution / School Name:		
Occupat	REMENT L	OGISTICS	Driving Licence Information: Class: 3	Date of Expiry:		

Seneral Inform		Accident	Drink	Date/Time of	Type of Location
Type of Accident:	Injury Attende	d by Police	Drive:	Accident: 10/10/2022 18:55	X-Junction
Location: YIO CHU KA	NG ROAD				
Weather: Clear		1,525	oad Surface: ry		Road Speed Limit:
Traffic Flow: Dual Carriage	e Way	Т	raffic Control:		Traffic Volume:
Type of Collis	sion:	- Head To Side			Anyone conveyed by ambulance: Yes

Details of V	A STATE OF THE PARTY OF THE PAR	Make	Model	Color	Condition	No of Passenge
Vehicle No. SJN663U	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	White	Slightly Damaged	2
SKX3868L	Car	TOYOTA	ESTIMA 2.4	White	Slightly Damaged	0

Details of Vehicle Insurance		The section of the se	STATE OF BOIL
Details of vehicle insurance		Effective	Expiry Date
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date



/20221010/2113

2 of 4

Report No. T/20221010/2113

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

CANADA MARIA MARIA MARIA	ehicle Insurance Insurance Company	Insurance No	Effective	Expiry Date
Vehicle No.		ESTRUMENT TO SERVICE STATE OF THE SERVICE STATE OF	05/08/2021	01/01/2023
SKX3868L	FWD Singapore Pte. Ltd	PNPV2021- 00003330	05/06/2021	01/01/2020

Details of Person				P SECO	1,50-1,510	THE RESIDENCE PROPERTY.
Any Pedestrian In	volved: No				0	Ina: NA
No. of Pedestrian	s Injured: NIL		Use of Pec	estrian	Cross	ing. IVA
Driver			HEALTH STREET	ID No	NATER	S6828081H
Name	ABDUL HAMID BIN	IBAKAR		ID No.		3002000 ITI
Related Vehicle	SKX3868L (Car)			Conta	ct No.	98358281
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 10/10/2022 at about 1855hrs while I was traveling along Yio Chu Kang Road towards Upper Serangoon Road in my vehicle bearing registration number SKX3868L with no passenger on board, I was travelling on the left most lane while approaching Buangkok Green cross junction, I did notice a vehicle at the slip road waiting to merge into Yio Chu Kang Road and right after I approached the slip road, I felt an impact on the left of my vehicle's front and my vehicle then swerved to the right and I did not managed to turn my vehicle back on track and it was stuck on the second lane as the engine could be started and MPC could'at No: 50 Serangoon Ave 7 therefore, I alighted to make a check on my vehicle. 801-02 Singapore 55012

Upon alighting, I took photos of my vehicle damages and proceeded to the other party vehicle bearing 488 0909 registration number SJN663U with 2 passengers on board, to snap some photos of the damages before exchanging particulars with the other driver namely Mr Ong Wei Guang Terry, T0232725I, HPN: 98369768 and shortly after, ambulance and traffic police arrived, and they conveyed the driver to the nearest hospital.

Both my vehicle and the other party vehicle was towed away, and my vehicle was towed towards my preferred workshop located at AutoPoint (Ang Mo Kio Industrial Park 2).

I was provided with a case card from the traffic police and advised to lodge a traffic accident report at the nearest police center.

I wish to state that I do have slight neck strain but its still bearable for now and would be monitoring my condition till tomorrow and would be seeking medical treatment if need be.





3 of 4

Report No. T/20221010/2113

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT





Report No. T/20221010/2113

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 CONTINUATION OF REPORT

Tel No: 1800-4890999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: F / SGT 2 TONG KAI YONG, GODWIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/10/2022 22:51
Officer In Charge Of Case: TP / GIT / SGT 2 PHUA TIAK YEE Contact No.: 65476200	Classification Of Case:
NP168	

. SINGAPORE ACCIDENT STATEMENT

A CONTRACTOR OF THE PARTY OF TH	TIME: 18:55 (hh:mm) 24 hrs Format
ACCIDENT DATE: 10/10/2022	TIME: 18: 1 (hh:mm) 24 hrs Format
LOCATION YIO CHU KANG 1	ZOAD TOLUARDS UPPER SERAHBOUN RD
VEHICLE NUMBER SICX 3868 L	UD BIN BAXAR
INSURED NAME ABOUL HAN	
NRIC/FIN	71.0
MAKE TOYOTA MODE	L ESTIMATE STATE
MAKE Are you claiming under your own insurance policy	() Reporting Only
Yes, If No, Pls Select : () Third Party	() Reporting Only
INICIDANICE COMPANY	
TYPE OF POLICY () COMPREHENSIVE	1 thing thin
POLICY NUMBER: PAPV 2021-	00003330
	(V) SAME AS INSURED
NAME DRIVER :	
	CONTACT:
NRIC/FIN TO THE PROPERTY OF TH	CONTINUE
DATE OF BIRTH: 24, 7, 1968	
DRIVING PASS CALLS.	OUTDOOR
OCCUPATION. (V) III OOSIL Y	VEMALE
GENDEN:	BUREAU, COUL, SG () NO EMAIL
21.0 (1-0)	SUGANG AVENUES, #08-136
ADDRESS OF DRIVER: BLK 627 HO	SUBJANIES TADES
	-1)
Number Of Passenger Include Driver: 01	
Silva Lawrend's Compan	√?()YES (✓)N0
Was driver an employee of the hisured's Company	
If No, Relationship Of The Driver With The In	Relative () Children () Sibling () Others
	YES (V) NO
Does The Driver Own Any Other Vehicle?: (If Yes, Vehicle Registration Number Of Driver's	
If Yes, Vehicle Registration Number of Divers	FWD
Insurance Company Of Driver's Own Vehicle	nining () Drizzling () Others
Weather Contactions (-)	
Was Any Foreign Vehicle Involved In This Acc	YES (V) NO
Was Anybody injured in the item	1113 (4)110
If YES, Injured details :	
Convey By Ambulance: () YES () N	10
Convey By Ambulanco: () YES () N Was There Any Video Capture By Car Camer	
Was There Any Video Capture by Car Camer Was There Accident Reported To The Police?	
Dellas Danart Number (famy) F / 2007-1	010/014-6
Tottee repair.	No.of Paxs (incl'driver) Contact
Details every	To 232721 1 (03) / Not Sure () 98369768
Veh B & TN 6634 DAG WEI GUANG	()/Not Sure ()
Vch C	()/Not Sure ()
Veh D	()/Not Sure()
Veh E	
Veh F	()/Not Sure ()
Veh G	()/Not Sure ()

M



Certificate of Insurance

Please call +65-6322-2072 for FWD Emergency Assistance if your car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

Policy number: PNPV2021-00003330 (Comprehensive - Executive Plan)

Car plate number: SKX3868L

Your name (As the policyholder): Abdul Hamid Bin Bakar

Coverage start date: 05/08/2021 Coverage end date: 01/01/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who you give permission to drive your car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to drive your car understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if your car is being used for non-commercial activities in accordance with your contract.

Finance company:

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 05/05/2022

Khor Kee Eng

Chief Executive Officer FWD Singapore Pte Ltd Please immediately inform us at +65-6820-8888 or email us at contact.sg@fwd.com if any details in this Certificate of Insurance need to be changed.